Ø 001

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## BLAKELY SOKOLOFF TAYLOR & ZAFMAN

TELEPHONE: (303) 740-1980

INTELLECTUAL PROPERTY LAW 12400 Wilshire Boulevard, 7th Floor Los Angeles, CA 90025

FACSIMILE: (303) 740-6962

## FACSIMILE COVER SHEET

| Deliver to                  | Yanchus III, Paul B., USPTO                                                                                   |     | Art Group:                 | 2116                                                              |
|-----------------------------|---------------------------------------------------------------------------------------------------------------|-----|----------------------------|-------------------------------------------------------------------|
| Facsimile No.               | : (571) 273-8300                                                                                              |     |                            | September 29, 2005                                                |
| From                        | : Ashley R. Ott, Reg. No. 55,515                                                                              |     |                            | <u> </u>                                                          |
| Our Docket No               | 2: 42390P9249                                                                                                 | N   | umber of pages13           | _including this sheet.                                            |
| Application No              | .: 0 <u>9/752,575</u>                                                                                         |     |                            | 12/29/2000                                                        |
| Enclosed are t              | ne following documents:                                                                                       | 1   |                            | 10/4/2005                                                         |
|                             | nt: <u>After Final</u> ( <u>10 pgs)</u>                                                                       |     | Issue Fee Transmittal      | ter (1986) - Indiana James Marie (1986) - 1987 - 1987 - 1987<br>A |
| ☐ Appeal Brid               | əf (pgs)                                                                                                      |     | Notice of Appeal           |                                                                   |
| □ Application               |                                                                                                               |     | Petition for:              |                                                                   |
| ☐ Assignmen  ☐ Certificate  | (pgs) w/cover & abstract)                                                                                     |     | Request for Continued E    | Examination (RCE)                                                 |
| Assignmen 🔲                 | nt & Cover Sheet (pgs)                                                                                        |     | Reply Brief (pgs)          |                                                                   |
| Certificate                 | of Eacsimile & Mailing                                                                                        |     | Request & Certification L  | Jnder 35 USC 122(b)(2)(B)(i)                                      |
| ☐ Continued                 | Prosecution Application (CPA)                                                                                 |     | Request to Rescind Prev    | vious Nonpublication Request                                      |
| ☐ Declaration☐ Drawings:    | n&POA (pgs)                                                                                                   |     | Response to Notice of M    | issing Parts & Formalities Letter                                 |
| ☐ Drawings:                 | sheets, figures                                                                                               |     | Response to Written Op     | inion ( <u>         pg</u> s)                                     |
| ☐ Extension (               | of Time:                                                                                                      |     | Terminal Disclaimer        |                                                                   |
| Fee Transr                  | nittal (in dupli <del>cate</del> )                                                                            |     | Transmittal of Publication | r Fee Due                                                         |
| Fee Transr  IDS & PTO Other | /SB/08 ( pgs)                                                                                                 |     | Transmittal Letter         |                                                                   |
|                             |                                                                                                               |     |                            |                                                                   |
|                             |                                                                                                               |     | <del></del>                |                                                                   |
|                             | Anna de la companya |     |                            |                                                                   |
| hanahu aantibi eh           | CERTIFICATE OF MAILING                                                                                        | ₩TR | ANSMISSION (37 CFR         | 1.84)                                                             |

hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

lah Schwerze 9/29/2005

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## RECEIVED **CENTRAL FAX CENTER**

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|                                                                                                              |                                                                | 7                                     | 00                    | Wasses.                               |                      |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------|-----------------------|---------------------------------------|----------------------|
| FEE TRANSMITTAL for FY 2005 Palent foes are subject to annual revision.                                      |                                                                | Application Number                    | Complete II           |                                       | -                    |
|                                                                                                              |                                                                | Filing Date                           |                       |                                       |                      |
|                                                                                                              |                                                                | First Named Inventor                  |                       | er 29, 200                            |                      |
|                                                                                                              |                                                                |                                       |                       | Iermerding                            |                      |
| Applicant claims small entity status. See                                                                    | € 37 CFR 1.27.                                                 | Examiner Name                         |                       | s III, Paul I                         | 3.                   |
| TOTAL AMOUNT OF PAYMENT                                                                                      | (\$) 0.00                                                      | Art Unit Attorney Docket No.          | 2116                  | 240                                   | •                    |
|                                                                                                              |                                                                | Audiney Docker No.                    | 42390P9               | 249                                   |                      |
| METHOD OF PAYMENT (check all that apply)                                                                     |                                                                |                                       |                       |                                       |                      |
| ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):                                        |                                                                |                                       |                       |                                       |                      |
| Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP |                                                                |                                       |                       |                                       |                      |
| For the above-identified deposit according                                                                   | ount, the Director is h                                        | ereby authorized to: (c               | heck all tha          | t apply)                              |                      |
| Charge fee(s) indicated below                                                                                |                                                                |                                       |                       |                                       | for the filing fee   |
| Charge any additional fee(s) or                                                                              | underpayment of feet                                           |                                       |                       | _                                     |                      |
| under 37 CFR §§ 1.16, 1.17, 1.                                                                               | 18 and 1.20.                                                   | Credit May 0                          | ограупинс             |                                       |                      |
| FEE CALCULATION                                                                                              |                                                                |                                       |                       | · · · · · · · · · · · · · · · · · · · | • •                  |
| 1. EXTRA CLAIM FEES Botton                                                                                   | Tee from                                                       |                                       |                       |                                       | ····                 |
| Claims                                                                                                       | below Fee Paid                                                 |                                       |                       |                                       |                      |
| Total Claims 18 _ 20 g 0 x                                                                                   | 50.00 50.00                                                    |                                       |                       |                                       |                      |
| Independent 3 5 = 0 x                                                                                        | 200.00 = \$0.00                                                |                                       |                       |                                       |                      |
| Multiple Dependent                                                                                           | =                                                              |                                       |                       |                                       |                      |
| Large Entity Small Entity                                                                                    | _                                                              |                                       |                       |                                       |                      |
| Fen Fon Roo Fee Fee Description Code (S) Code (S)                                                            |                                                                |                                       |                       |                                       |                      |
| 1202 50 2202 25 Cialma in excess of 2                                                                        |                                                                |                                       |                       |                                       |                      |
| 1201 200   2201 100 Independent cizims if<br>1203 360   2203 120 Mulliple Dependent o                        |                                                                | •                                     |                       |                                       |                      |
| 1204 300 2204 180 "Reissus independe                                                                         | nt disime over original patent                                 | ***or numbe                           | r previously pelit. I | greater, For Roiss                    | zuss. son helnw      |
| 1208 300 2205 150 "Relatue daims in a<br>SUBTOTAL (1)                                                        | mass of 20 and over original pau                               | ent .                                 |                       | <b>4</b>                              |                      |
| , , , , , , , , , , , , , , , , , , ,                                                                        | (3) 0.00                                                       |                                       |                       |                                       |                      |
| 2. ADDITIONAL FEES                                                                                           |                                                                |                                       |                       |                                       |                      |
| Large Entity Small Entity Pos Fee Fee Pos                                                                    |                                                                |                                       |                       |                                       |                      |
| Davids III A davids on                                                                                       | ee Description                                                 |                                       |                       | ee Paid                               |                      |
| 1051 190 2051 85 Surcharge - lake (it                                                                        |                                                                |                                       | <u> </u>              | E F 200                               |                      |
|                                                                                                              | ovisional filing fee or cover sheet                            | L                                     |                       |                                       |                      |
| 2053 130 2053 130 Non-English space<br>1251 120 2251 60 Extension for reply                                  |                                                                |                                       | <u> </u>              |                                       |                      |
| 1252 460 2252 225 Extension for reply                                                                        | Wilhin second month                                            |                                       |                       |                                       |                      |
| 1253 1,020 2253 510 Extension for reply 1254 1.590 2254 795 Extension for reply                              |                                                                |                                       |                       |                                       |                      |
| 1255 2,180 2755 1,080 Extension for naply                                                                    |                                                                |                                       |                       |                                       |                      |
| 1401 500 2401 250 Notice of Appeal<br>1402 500 2402 250 Filing a brief in sup                                | port of an appeal                                              |                                       | <u> </u>              |                                       |                      |
| 1403 1,000 2403 500 Request for oral he                                                                      | saring                                                         |                                       |                       |                                       |                      |
| 1460 130 2460 130 Petitions to the Co                                                                        | a public usa proceeding<br>mmisaloner                          |                                       | $\vdash$              | <del></del>                           |                      |
| 1807 50 1807 50 Processing fee und                                                                           |                                                                |                                       |                       |                                       |                      |
|                                                                                                              | rmation Disclosure Strat<br>efter final rejection (37 CFR § 1. | 129(4))                               |                       |                                       | 4                    |
| 1810 790 2810 295 Foreach additional                                                                         | invention to be examined (37 CF                                |                                       | <b>⊢</b>              | <del></del>                           |                      |
| Other fee (apecily)                                                                                          |                                                                |                                       |                       |                                       |                      |
| SUBTOTAL (2) (5)                                                                                             |                                                                |                                       |                       |                                       |                      |
| SUBMITTED BY                                                                                                 |                                                                |                                       |                       | Čama                                  | tete (If applicable) |
| Name (Print/Type) Ashley R. Ott                                                                              |                                                                | Registration No. (Attorney/Agent) 55, | 515                   | Telephone                             | (303) 740-1980       |
| Signature Ciller                                                                                             | <b>少</b> 从                                                     |                                       |                       | Date                                  | 09/29/05             |

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| FEE TRANSMITTAL for FY 2005 Potent fees are subject to enroust projector.                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete il                           |                     |                    |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|--------------------|----------------|
|                                                                                                                                                                                                                                                                                                     |                         | Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 09/752,575                            |                     |                    |                |
|                                                                                                                                                                                                                                                                                                     |                         | Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | December 29, 2000                     |                     |                    |                |
|                                                                                                                                                                                                                                                                                                     |                         | First Named Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | James I                               | James Hermerding    |                    |                |
| Applicant claims                                                                                                                                                                                                                                                                                    | mall entity status. S   | ee 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Examiner Name                         |                     | s III, Paul F      | 3.             |
| TOTAL AMOUNT                                                                                                                                                                                                                                                                                        | DE PAYMENT              | (\$) 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Art Unit                              | 2116                |                    |                |
| 1312270100111                                                                                                                                                                                                                                                                                       | ————                    | (\$) 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Attomey Docket No.                    | 42390P9             | 249                |                |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):                                                                                                                                                                                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP                                                                                                                                                                                        |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayment of fee(s)  under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
|                                                                                                                                                                                                                                                                                                     |                         | 1.18 and 1.20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                     |                    |                |
| FEE CALCULATION                                                                                                                                                                                                                                                                                     | •                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| 1. EXTRA CLAIR                                                                                                                                                                                                                                                                                      | A FEES Edus<br>Channe   | Fee from Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                     |                    |                |
| Total Claims 16                                                                                                                                                                                                                                                                                     | . 20 = 0 x              | 50,00 = \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                     |                    |                |
| independent 3                                                                                                                                                                                                                                                                                       | 3 0 x                   | 200.00 = \$0,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    | •              |
| Multiple Dependent                                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| Large Brilly Small                                                                                                                                                                                                                                                                                  | Entitly                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| Pies Fee Foo<br>Coole (5) Code                                                                                                                                                                                                                                                                      | Fee Pre-Description     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| 1202 50 2202                                                                                                                                                                                                                                                                                        | 25 Claims in excess of  | of 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     |                    |                |
| 1201 200 2201                                                                                                                                                                                                                                                                                       | 100 Independent claim   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| 1209 360 2203<br>1204 300 2204                                                                                                                                                                                                                                                                      | 150 "Rossue Indepen     | M čtsim, if not peld<br>Ident claims over criginal patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mar avanha                            | r namánumha meldi á | lamatas Eas Onios  | ween one bate. |
| 1205 200 2205                                                                                                                                                                                                                                                                                       |                         | n excess of 20 and over original par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tent to represent                     | broswood, boar's    | greater, For Roiss | hed saa palow  |
|                                                                                                                                                                                                                                                                                                     | SUBTOTAL (1)            | (\$) 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | •                   |                    |                |
| 2. ADDITIONAL                                                                                                                                                                                                                                                                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                     |                     |                    |                |
| Large Entity S                                                                                                                                                                                                                                                                                      | mail Entity             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| COOP (8) CO                                                                                                                                                                                                                                                                                         |                         | Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | =                   | ee Pald            |                |
| 1051 130 205                                                                                                                                                                                                                                                                                        |                         | : liling les or ceth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | Ė                   |                    | •              |
| 1062 50 205<br>2053 130 205                                                                                                                                                                                                                                                                         |                         | provisional filing fee or cover enee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L                                     |                     |                    |                |
| 2053 130 205<br>1251 120 225                                                                                                                                                                                                                                                                        |                         | ecification<br>ecification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                     |                    |                |
| 1252 450 225                                                                                                                                                                                                                                                                                        |                         | ply wilhin second month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                     |                    | •              |
| 1253 1,020 225<br>1254 1,690 225                                                                                                                                                                                                                                                                    |                         | ply within third munth<br>ply within thurth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | <u> </u>            |                    |                |
| 1255 2,160 225                                                                                                                                                                                                                                                                                      | 5 1,080 Examplen for re | ply within fifth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                     |                    |                |
| 1401 600 240<br>1402 500 240                                                                                                                                                                                                                                                                        |                         | and the state of t |                                       | <u> </u>            |                    |                |
| 1403 1,000 240                                                                                                                                                                                                                                                                                      | 3 500 Request for any   | l bearing .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                     |                    |                |
| 1451 245<br>1460 130 248                                                                                                                                                                                                                                                                            |                         | uic a public use proceeding<br>Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                     |                    |                |
| 1807 50 180                                                                                                                                                                                                                                                                                         | 7 So Processing fee     | under 37 CFR 1.17(q)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                     |                    |                |
| 1806 180 180<br>1809 790 180                                                                                                                                                                                                                                                                        |                         | nformation Disclosure Stml.<br>ion after linal rejection (37 CFR § 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 129/5/\                               | $\vdash$            |                    |                |
| 1810 790 291                                                                                                                                                                                                                                                                                        |                         | nal Invention to be examined (37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | -                   |                    |                |
| Other fee (specify)                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| SUBTOTAL (2)                                                                                                                                                                                                                                                                                        |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
| SUBMITTED BY Complete (If applicable)                                                                                                                                                                                                                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                     |                    |                |
|                                                                                                                                                                                                                                                                                                     | iley R. Ott             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration No. (Attorney/Agent) 55, | 515                 | Telephone          | (303) 740-1980 |
| Signature                                                                                                                                                                                                                                                                                           | alble                   | - XX-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                     | Date               | 09/29/05       |

BST&Z

Based on PTO/SB/17 (12-04) as modified by Blakely, Scholof, Taylor & Zefman (wtr) 12/15/2004. SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450

Application No. 09/752,575

**2**004

SEP 2 9 2005

RESPONSE UNDER 37 C.F.R. § 1.116
-- EXPEDITED PROCEDURE -EXAMINING GROUP 2100

Our Docket No.: 042390.P9249

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of:                                                                                                                                                                            |                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hermerding et al.                                                                                                                                                                                | ) Examiner: Yanchus III, Paul B.                                                                                                                                       |
| Application No.: 09/752,575                                                                                                                                                                      | )<br>) Art Group: 2116                                                                                                                                                 |
| Filed: December 29, 2000                                                                                                                                                                         | )                                                                                                                                                                      |
| For: A Mechanism for Managing Power Generated in a Computer System                                                                                                                               | )<br>                                                                                                                                                                  |
| RESPONSE                                                                                                                                                                                         | E AFTER FINAL                                                                                                                                                          |
| Mail Stop: AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450                                                                                                                   |                                                                                                                                                                        |
| Sir:                                                                                                                                                                                             |                                                                                                                                                                        |
| In response to the Final Office Act                                                                                                                                                              | ion mailed on August 4, 2005, which was made                                                                                                                           |
| final, applicant submits this Amendment A                                                                                                                                                        | After Final Action for consideration.                                                                                                                                  |
|                                                                                                                                                                                                  |                                                                                                                                                                        |
| FIRST CLASS CERTIFIC                                                                                                                                                                             | ATE OF MAILING/FACSIMILE                                                                                                                                               |
| I hereby certify that I am causing the above-referenced corres. United States Postal Service as first class mail with sufficient paddressed to the Commissioner for Patents, P.O. Box 1450, Ale: | pondence to be facsimile transmitted and to be deposited with the<br>sostage on the date indicated below and that this paper or fee has been<br>xandria, VA 22313-1450 |
| Septem                                                                                                                                                                                           | nder 29, 2005                                                                                                                                                          |
|                                                                                                                                                                                                  | of Deposit                                                                                                                                                             |
| Leab                                                                                                                                                                                             | Schwenke                                                                                                                                                               |
|                                                                                                                                                                                                  | Mailing Correspondence                                                                                                                                                 |
| ~~·                                                                                                                                                                                              |                                                                                                                                                                        |
| Illah Schwerke.                                                                                                                                                                                  | 9/29/05                                                                                                                                                                |
| Signature                                                                                                                                                                                        | Date                                                                                                                                                                   |
| Docket No. 042390.P9249                                                                                                                                                                          |                                                                                                                                                                        |